

UNITED STATES DEPARTMENT OF THE INTERIOR -  
BUREAU OF SAFETY AND ENVIRONMENTAL ENFORCEMENT -  
GULF OF MEXICO REGION -

ACCIDENT INVESTIGATION REPORT

For Public Release

1. OCCURRED

DATE: 24-NOV-2014 TIME: 0950 HOURS

2. OPERATOR: Fieldwood Energy LLC  
REPRESENTATIVE:  
TELEPHONE:  
CONTRACTOR: Wood Group Production Services -  
REPRESENTATIVE:  
TELEPHONE:

- STRUCTURAL DAMAGE
- CRANE
- OTHER LIFTING DEVICE
- DAMAGED/DISABLED SAFETY SYS.
- INCIDENT >\$25K
- H2S/15MIN./20PPM
- REQUIRED MUSTER
- SHUTDOWN FROM GAS RELEASE
- OTHER

3. OPERATOR/CONTRACTOR REPRESENTATIVE/SUPERVISOR  
ON SITE AT TIME OF INCIDENT:

6. OPERATION:

4. LEASE: G05000  
AREA: MI LATITUDE:  
BLOCK: 622 LONGITUDE:

- PRODUCTION
- DRILLING
- WORKOVER
- COMPLETION
- HELICOPTER
- MOTOR VESSEL
- PIPELINE SEGMENT NO.
- OTHER

5. PLATFORM: C-PRD  
RIG NAME:

6. ACTIVITY:  EXPLORATION(POE)  
 DEVELOPMENT/PRODUCTION  
(DOCD/POD)

8. CAUSE:

7. TYPE:  
 HISTORIC INJURY  
 REQUIRED EVACUATION 1 -  
 LTA (1-3 days)  
 LTA (>3 days) 1  
 RW/JT (1-3 days)  
 RW/JT (>3 days)  
 Other Injury

- EQUIPMENT FAILURE
- HUMAN ERROR
- EXTERNAL DAMAGE
- SLIP/TRIP/FALL
- WEATHER RELATED
- LEAK
- UPSET H2O TREATING
- OVERBOARD DRILLING FLUID
- OTHER \_\_\_\_\_

- FATALITY
- POLLUTION
- FIRE
- EXPLOSION

LWC  HISTORIC BLOWOUT  
 UNDERGROUND  
 SURFACE  
 DEVERTER  
 SURFACE EQUIPMENT FAILURE OR PROCEDURES

9. WATER DEPTH: 87 FT.  
10. DISTANCE FROM SHORE: 14 MI.  
11. WIND DIRECTION:  
SPEED: M.P.H.  
12. CURRENT DIRECTION:  
SPEED: M.P.H.  
13. SEA STATE: FT.

COLLISION  HISTORIC  >\$25K  <=\$25K

On November 24, 2014 at approximately 0830, an injury occurred at Fieldwood Energy's Matagorda Island (MI) 622 'C' platform, Lease G-05000. At approximately 0800, Operators were not receiving a flow rate indication on the Programmable Logic Controller (PLC) from the gas outlet meter on the #4 Production Separator, MBD-2000. The MI 622 'C' facility consists of four (4) connected structures: Quarters, Wells, Production, and Compressor. The #4 Production Separator is located on the 'C' Production structure. The Contract 'A' Operator / Injured Party (IP) proceeded to the #4 Production Separator to determine why the PLC was not receiving a signal or flow rate indication. The IP decided to verify that an Orifice Plate (OP) was properly installed in the Daniels Senior Orifice Fitting. The IP manipulated the OP carrier shaft in the body (lower chamber) of the Senior Orifice Fitting (SOF) and it turned freely indicating the OP carrier was located in the top (upper chamber) of the SOF. The IP verified the OP and carrier location by turning the OP carrier shaft in the upper chamber of the SOF, and it did not turn. This also indicated the slide gate was closed. The IP opened the blow down valve on the upper chamber of the SOF to remove line pressure. The blow down valve on the upper chamber of the SOF relieved briefly and the IP assumed there was no pressure remaining. The IP started by loosening the first clamp bar bolt on the top of the SOF closest to his body. When the IP began to loosen the second clamp bar bolt, there was a pressure release of approximately 915 pounds per square inch gauge (PSIG). Natural gas and debris blew upward striking the IP on the left side of his face and left eye. The IP immediately went to the eye wash station and began to irrigate his face and left eye. The Person in Charge (PIC) heard the gas release and immediately reported to the scene. The PIC activated the Emergency Shut Down (ESD) and observed the IP at the eye wash station. The PIC assisted the IP to the Medic. The Medic continued face and eye washing procedures for approximately 40 minutes until the Field Helicopter arrived. The Field Helicopter arrived at MI622'C' at approximately 0920 and transported the IP to Christus Spohn Memorial Hospital in Corpus Christi, TX.

## 18. LIST THE PROBABLE CAUSE(S) OF ACCIDENT:

The IP failed to close the equalizer valve between the upper (top) and lower (bottom) chamber on the SOF prior to loosening the clamp bar bolts on the upper chamber (this was confirmed by PIC after the incident).

## 19. LIST THE CONTRIBUTING CAUSE(S) OF ACCIDENT:

The blow down valve on the upper chamber of the SOF plugged with debris and/or frozen hydrates when it was opened to atmosphere. This resulted in the false impression that the upper chamber of the SOF had bled to zero pressure. -  
The IP failed to loosen the clamp bar bolts on the top of the SOF away from his body. -  
When the IP found the SOF in an abnormal condition, all steps in OP removal procedure should have been reevaluated. -

## 20. LIST THE ADDITIONAL INFORMATION:

Line pressure of approximately 915 PSIG was released into the IP's left eye when he loosened the top two clamp bar bolts on the upper chamber of the SOF. -  
The IP was wearing safety glasses at the time of the incident. -  
The incident resulted in injury to the IP's left eye. -  
A Corneal Surgeon removed debris from the IP's left eye on 25-Nov-2014. -  
A second surgery was performed on 26-Nov-2014 to remove additional debris. -  
The IP is expected to recover fully.  
The IP returned to work on 24-Dec-2014. -

21. PROPERTY DAMAGED:

None.

NATURE OF DAMAGE:

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ESTIMATED AMOUNT (TOTAL):

22. RECOMMENDATIONS TO PREVENT RECURRANCE NARRATIVE:

23. POSSIBLE OCS VIOLATIONS RELATED TO ACCIDENT: **YES**

24. SPECIFY VIOLATIONS DIRECTLY OR INDIRECTLY CONTRIBUTING. NARRATIVE:

G 110 'C'. 30CFR250.107(a)

The Lessee failed to perform all operations in a safe and workmanlike manner. The IP failed to close the equalizer valve on the Daniel Senior Orifice Fitting prior to removing the Clamp Bar Bolts which resulted in an uncontrolled gas release and injury to the IP's left eye.

25. DATE OF ONSITE INVESTIGATION:

25-NOV-2014 -

26. ONSITE TEAM MEMBERS:

Mike Hankamer /

29. ACCIDENT INVESTIGATION

PANEL FORMED: **NO**

OCS REPORT:

30. DISTRICT SUPERVISOR:

Stephen P. Martinez

APPROVED

DATE:

22-JAN-2015

## INJURY/FATALITY/WITNESS ATTACHMENT

OPERATOR REPRESENTATIVE

INJURY

CONTRACTOR REPRESENTATIVE

FATALITY

OTHER \_\_\_\_\_

WITNESS

NAME:

HOME ADDRESS:

CITY:

STATE:

# INJURY/FATALITY/WITNESS ATTACHMENT

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WORK PHONE :

TOTAL OFFSHORE EXPERIENCE : 13 YEARS

EMPLOYED BY :

BUSINESS ADDRESS :

CITY :

STATE :

ZIP CODE :